

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

PO BOX 12846

☐ Check if different than previously reported. (ACC)

Austin

TX

78711

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358903

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☒ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
04 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
04 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Meredith Heyde

Signature of Treasurer

Meredith Heyde

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
05 11 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

## AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">407568.95</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">445502.37</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">16573.91</span>	<span style="border: 1px solid black; padding: 2px;">85507.33</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">462076.28</span>	<span style="border: 1px solid black; padding: 2px;">493076.28</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">36410.00</span>	<span style="border: 1px solid black; padding: 2px;">67410.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">425666.28</span>	<span style="border: 1px solid black; padding: 2px;">425666.28</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 04 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 04 / 30 / 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2705.00

17259.00

(ii) Unitemized .....

13852.00

68181.76

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

16557.00

85440.76

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

16557.00

85440.76

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

16.91

66.57

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

16573.91

85507.33

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

16573.91

85507.33

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34500.00	65500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	1910.00	1910.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	36410.00	67410.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36410.00	67410.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16557.00	85440.76
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16557.00	85440.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Richard Brown

Mailing Address 4924 Branch Mill Cir

City

Mountain Brk

State

AL

Zip Code

35223-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of Alabama

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

Transaction ID : C3305960

Amount of Each Receipt this Period

130.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sattaria Dilks

Mailing Address 1901 Rosedown Dr

City

Lake Charles

State

LA

Zip Code

70605-9700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Psychiatric Mental Health NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

Transaction ID : C3305982

Amount of Each Receipt this Period

260.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Angela Golden

Mailing Address PO Box 25959

City

Munds Park

State

AZ

Zip Code

86017-5959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NP from Home, LLC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2016

Transaction ID : C3306012

Amount of Each Receipt this Period

65.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

455.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Daniel Hatmaker**

Mailing Address 2720 Terranova Ln

City

State

Zip Code

League City

TX

77573-3286

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hatmaker Chiropractic

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 11 / 2016

Transaction ID : C3306109

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kathleen Haycraft**

Mailing Address 300 Lovers Leap Rd

City

State

Zip Code

Hannibal

MO

63401-5227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RIVERSIDE DERMATOLOGY

FNP, DCNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

04 / 20 / 2016

Transaction ID : C3306020

Amount of Each Receipt this Period

130.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jill Johnson**

Mailing Address 1420 Saddle Club Way

City

State

Zip Code

Lexington

KY

40504-1696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Walgreens

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

04 / 05 / 2016

Transaction ID : C3306072

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

480.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jill Johnson

Mailing Address 1420 Saddle Club Way

City Lexington State KY Zip Code 40504-1696

FEC ID number of contributing federal political committee.

C

Name of Employer

Walgreens

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

04 / 19 / 2016

Transaction ID : C3306071

Amount of Each Receipt this Period

325.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laurie Kwolek

Mailing Address 2023 Pecan Creek Rd

City Killeen State TX Zip Code 76549-6633

FEC ID number of contributing federal political committee.

C

Name of Employer

CRDAMC Ft. Hood

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 08 / 2016

Transaction ID : C3306106

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wayne Mcleod

Mailing Address 9384 E Myra Dr

City Tucson State AZ Zip Code 85730-2940

FEC ID number of contributing federal political committee.

C

Name of Employer

Seguaro Surgical

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 05 / 2016

Transaction ID : C3306241

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1075.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sheri Rickman Patrick**

Mailing Address 1932 Bastona Dr

City

Elk Grove

State

CA

Zip Code

95758-7103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capitol Family Medical Assoc

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

**Transaction ID : C3306090**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Laura Tucco**

Mailing Address 11916 Dunree Ln

City

Orland Park

State

IL

Zip Code

60467-8548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark Corp

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2016

**Transaction ID : C3306062**

Amount of Each Receipt this Period

130.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Joan Zaccardi**

Mailing Address 4 Katie Dr

City

Middletown

State

NJ

Zip Code

07748-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UANJ

Occupation

PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2016

**Transaction ID : C3306252**

Amount of Each Receipt this Period

65.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

695.00

2705.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HEARTLAND VALUES PAC**

Mailing Address PO BOX 505

City	State	Zip Code
SIOUX FALLS	SD	57101

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2016

**Transaction ID : D172155**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 3241

City	State	Zip Code
CHEYENNE	WY	82003

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2016

**Transaction ID : D172156**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. America Works**

Mailing Address PO BOX 76187

City	State	Zip Code
WASHINGTON	DC	20013

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2016

**Transaction ID : D172157**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Clay, Jr. for Congress**

Mailing Address P.O. BOX 4544

City  
ST. LOUISState  
MOZip Code  
63108Purpose of Disbursement  
Campaign Contribution

Candidate Name

**WILLIAM LACY JR CLAY**

Office Sought:



House



Senate



President

State: MO

District: 01

Disbursement For: 2016



Primary



General



Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2016

**Transaction ID : D172229**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR DEREK KILMER**

Mailing Address PO Box 1381

City  
TacomaState  
WAZip Code  
98401-1381Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Derek Kilmer**

Office Sought:



House



Senate



President

State: WA

District:

Disbursement For: 2016



Primary



General



Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2016

**Transaction ID : D172395**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JIM RENACCI FOR CONGRESS**

Mailing Address 150 SMOKERISE DRIVE

City  
WADSWORTHState  
OHZip Code  
44281Purpose of Disbursement  
Campaign Contribution

Candidate Name

**JAMES B RENACCI**

Office Sought:



House



Senate



President

State: OH

District: 16

Disbursement For: 2016



Primary



General



Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2016

**Transaction ID : D172579**

Amount of Each Disbursement this Period

2000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JEANNE SHAHEEN FOR SENATE**

Mailing Address PO BOX 1510

City MANCHESTER	State NH	Zip Code 03105
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Purpose of Disbursement  
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2020
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		27		2016

**Transaction ID : D172587**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DICK DURBIN COMMITTEE**

Mailing Address PO BOX 1949

City SPRINGFIELD	State IL	Zip Code 62705
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Purpose of Disbursement  
Campaign Contribution

Candidate Name

**RICHARD J DURBIN**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2020
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		27		2016

**Transaction ID : D172588**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BILL JOHNSON FOR CONGRESS COMMITTEE**

Mailing Address 3755 HUNTERS HILL

City POLAND	State OH	Zip Code 44514
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Purpose of Disbursement  
Campaign Contribution

Candidate Name

**BILL JOHNSON**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		27		2016

**Transaction ID : D172589**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 MADISON AVENUE

City	State	Zip Code
SACRAMENTO	CA	95841

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**MIKE MR. THOMPSON**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2016

**Transaction ID : D172590**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WYDEN FOR SENATE**

Mailing Address PO Box 3498

City	State	Zip Code
Portland	OR	97208-3498

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**RONALD LEE WYDEN**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2016

**Transaction ID : D172580**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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34500.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

 Memo Item

Memo Item

 Memo Item

1910.00